

Are YOU Ready To Return To Work?



Stroke Network
Southwestern Ontario

A Self-Assessment Guide for People with Stroke

This self-assessment guide was developed for people recovering from stroke who are considering part-time, full-time, self-employment or volunteer opportunities. It is designed to support you as you consider all of the important parts of a successful return to work plan.



USING THIS GUIDE

This guide is to be completed by you, with input from family members, physicians, health care providers and your employer, as needed.

Use this Guide as many times as you need to. What you learn along the way will help you focus your rehabilitation / recovery efforts and make the most of your current abilities for a safe return to work. Remember, use of compensatory strategies and aids/devices may increase your success for an earlier return to work.

Within this guide, you will assess five areas that are important in returning to work. You will need to consider your current abilities and compare them against the demands of the job you hope to return to or begin. An understanding of your current abilities, in relation to what is expected of you on the job, is critical to having a successful return to work.

FIVE CRITICAL AREAS TO RETURNING TO WORK:

- **Physical Ability**
- **Communications**
- **Thinking Skills**
- **Emotional Issues**
- **Driving/Transportation**

Good luck and continued success with your recovery and return to work.

Remember: The highest reward for good work is the ability to do better!

Use this scale to rate your current level of functioning:

In each of the five areas, you will rate your current abilities and the importance of that ability while performing tasks at work (Job Demands). **Remember:** When rating your current abilities, consider aids, devices and/or strategies that may improve your job performance.

My Current Abilities

- 0** : means you have limited abilities as the stroke affected this function
- 5**: means you have some abilities despite the stroke affecting this function
- 10** : means you have good abilities as the stroke did not affect this function or you have recovered fully (with or without the use of supportive devices/strategies).

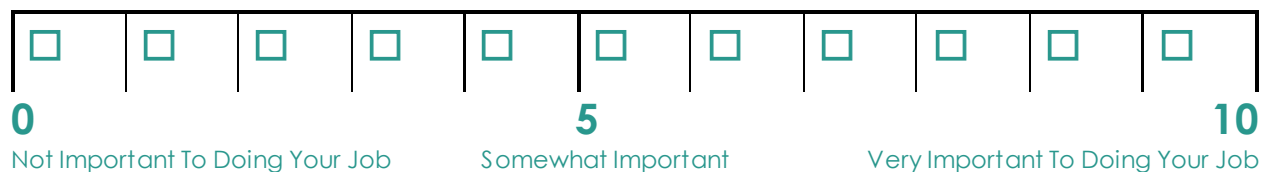
Expected Job Demands

- 0**: means this task or job demand is not important to doing your job
- 5**: means this task or job demand is somewhat important to doing your job
- 10** : means this task or job demand is very important to doing your job

My Current Abilities



Expected Job Demands



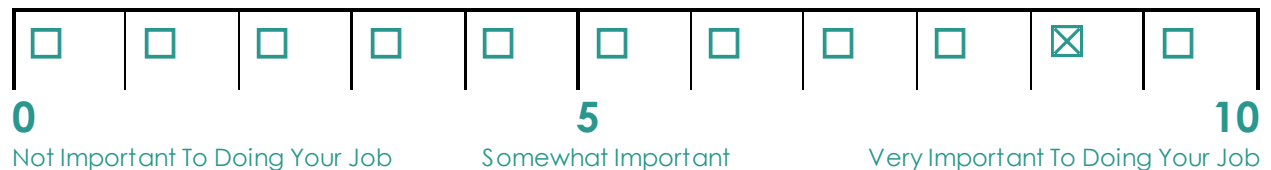
Example:

The stroke that Sally experiences resulted in her having very limited use of her right arm. Sally's job was a data entry clerk for the government.

My Current Abilities



Expected Job Demands



Sally's right arm has limited use (**scored a 1 on Current Abilities**) and her job requires significant use of her arms (**scored a 9 on Expected Job Demands**). Based on this score, Sally would have difficulty performing tasks that required use of her right arm. Further rehabilitation, use of aids or devices such as "voice to text" software or a change in job tasks would be required for Sally to return to work at this time.

Ideally, your current abilities will be close to or greater than the tasks or physical demands of your intended job.

If not, you can refocus your rehabilitation/recovery efforts and re-assess your abilities again later. Remember, your employer may also be able to change the tasks of your job to match your current abilities. We hope this guide will help you understand your current abilities, think about the tasks or demands of your job and develop a plan to return to work. Each time you complete the self-assessment, it will lead to useful discussion among the people supporting you and your return to work efforts.

PHYSICAL ACTIVITY

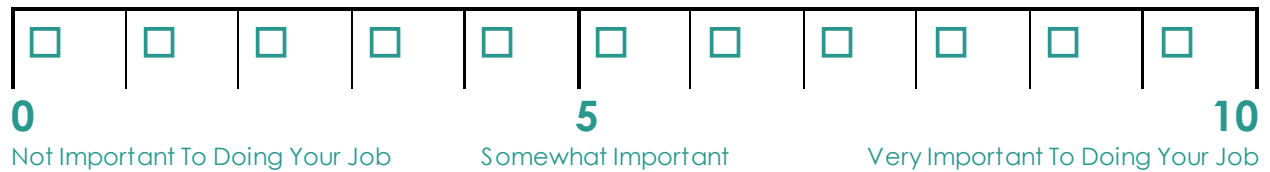
1. Use of Arms:

- a. Consider activities including: reaching, lifting, grasping, strength, coordination, writing, keyboarding and fine motor skills

My Current Abilities



Expected Job Demands

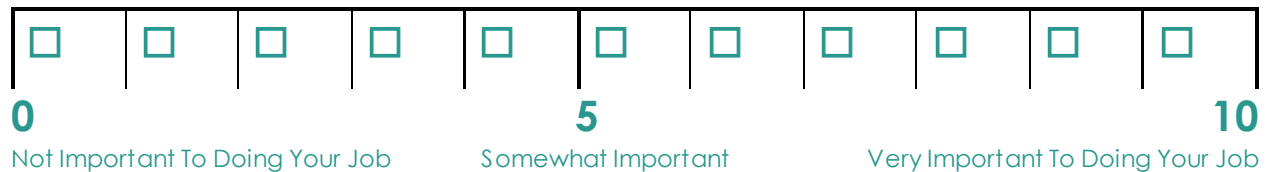


- b. In general, do you have the ability to perform **repeated** reaching, lifting, grasping, strength, coordination, writing, keyboarding and fine motor skills?

My Current Abilities



Expected Job Demands



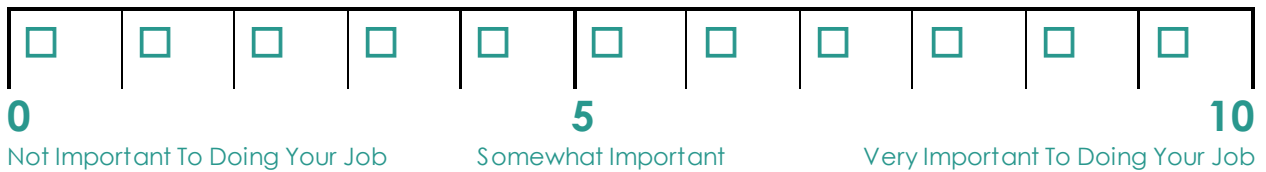
2. Use of Legs:

- a. Consider activities including: balance, coordination, strength, walking, standing, stairway use, bending, squatting, kneeling, climbing and mobility.

My Current Abilities



Expected Job Demands



- b. In general, do you have the ability to perform repeated bending, kneeling, stooping, walking and stair climbing without getting tired quickly?

My Current Abilities



Expected Job Demands



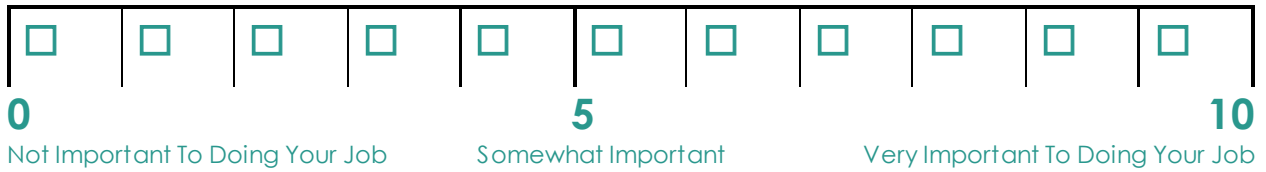
3. Vision:

a. How good is your vision?

My Current Abilities



Expected Job Demands



In Summary:

I feel that my most significant **Physical** strengths and challenges are:

STRENGTHS	CHALLENGES

COMMUNICATION:

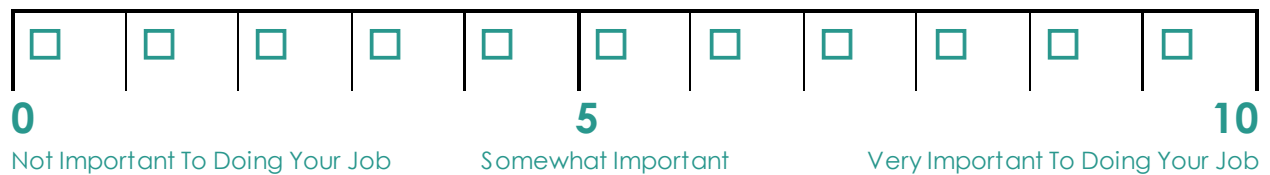
4. Expression:

- a. Can you express your needs? Can other people understand what you are communicating?

My Current Abilities



Expected Job Demands



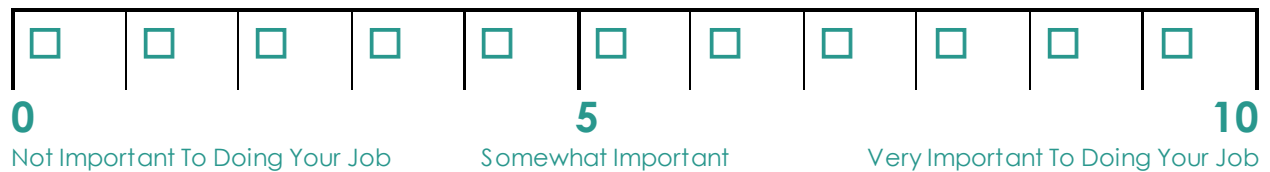
5. Writing:

- a. Can you write sentences that are clearly understood by others?

My Current Abilities



Expected Job Demands



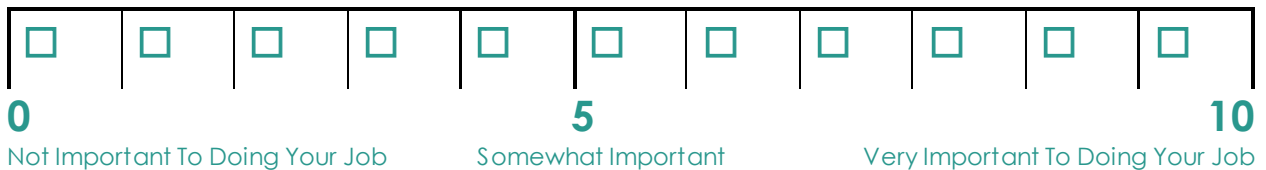
6. Understanding:

a. Can you follow conversations?

My Current Abilities



Expected Job Demands



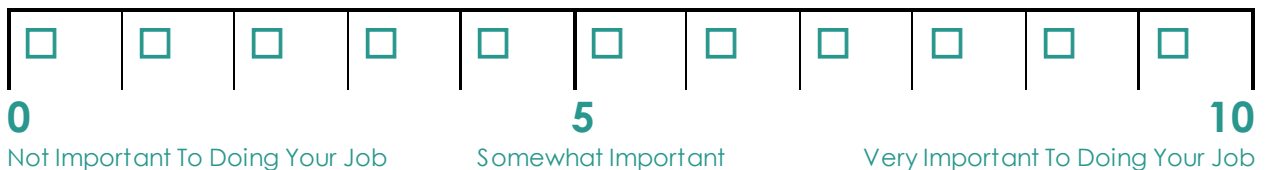
7. Reading:

a. Can you read and understand a written document?

My Current Abilities



Expected Job Demands



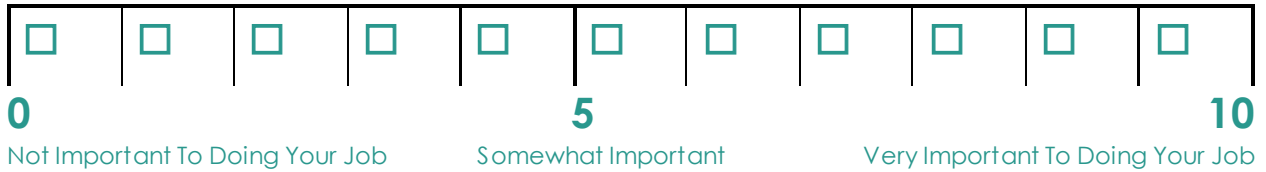
8. Listening/Speaking:

a. Can you join in conversations (listening and speaking) as you need to?

My Current Abilities



Expected Job Demands



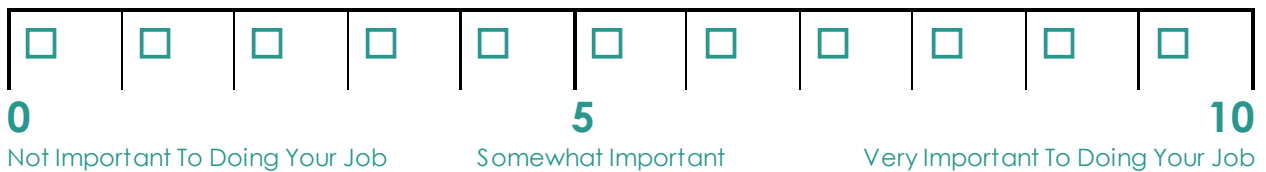
9. Writing:

a. Can you write as you need to?

My Current Abilities



Expected Job Demands



In Summary:

I feel that my most significant **Communication** strengths and challenges are:

STRENGTHS	CHALLENGES

THINKING SKILLS

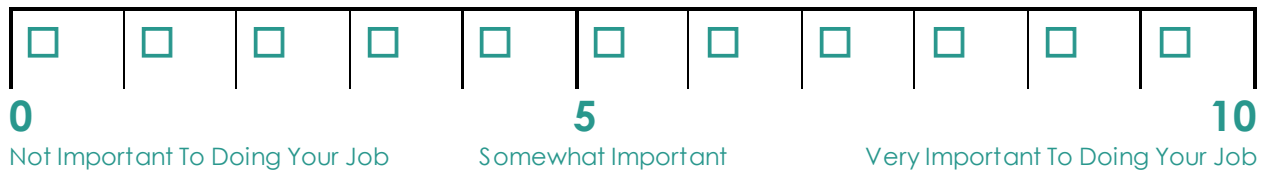
10. Memory:

a. How well can you remember things (names, appointments, objects, or information)?

My Current Abilities



Expected Job Demands



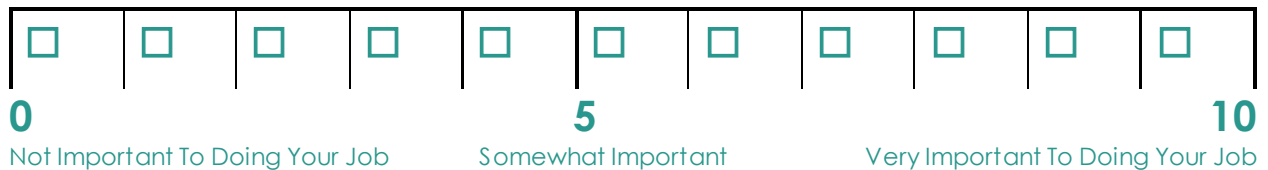
11. Attention/Concentration:

a. How good is your attention and concentration? Can you stay focused and not be distracted?

My Current Abilities



Expected Job Demands



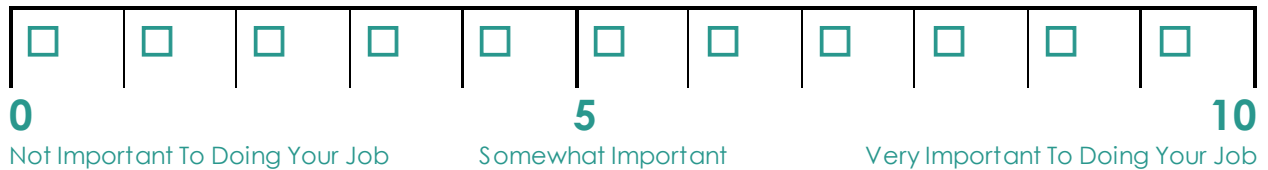
12. Problem Solving:

a. Can you complete simple tasks such as meal planning or paying bills on time?

My Current Abilities



Expected Job Demands



13. Thinking Speed:

a. Can you handle multiple requests and respond?

My Current Abilities



Expected Job Demands



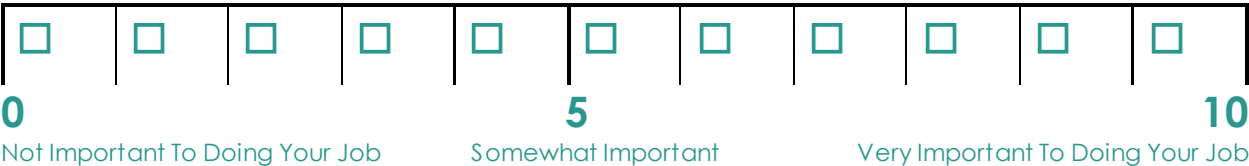
14. Mental Fatigue:

a. Can you maintain your focus and concentration throughout the day?

My Current Abilities



Expected Job Demands



15. Planning/Organizing:

a. Do you have the ability to: focus your attention on details, understand the steps required to perform a task, effectively schedule people/events, anticipate future tasks, events and deadlines?

My Current Abilities



Expected Job Demands



In Summary:

I feel that my most significant **Thinking** strengths and challenges are:

STRENGTHS	CHALLENGES

EMOTIONS

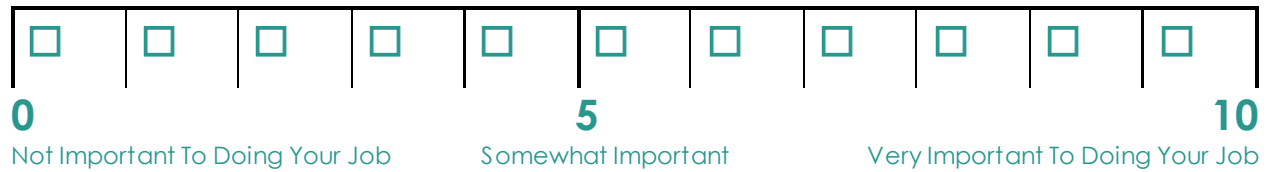
16. Frustration Tolerance:

a. Can you stay calm in difficult situations?

My Current Abilities



Expected Job Demands



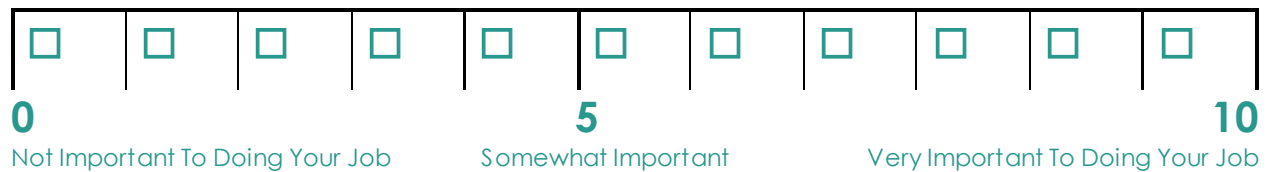
17. Stress:

a. Can you manage your stress?

My Current Abilities



Expected Job Demands



18. Interpersonal Skills:

a. Can you interact appropriately with family members, friends and people in your community?

My Current Abilities



Expected Job Demands



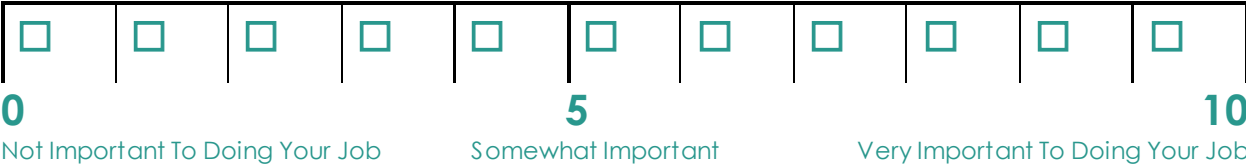
19. Confidence

a. Overall, do you have confidence in your abilities?

My Current Abilities



Expected Job Demands



20. Coping Abilities

Do you experience any of these symptoms?

- Depressed mood most of the day N Y
- Crying often or the inability to cry? N Y
- Less interest in activities that you used to enjoy? N Y
- Significant weight loss or gain? N Y
- Difficulty sleeping or sleeping too much? N Y
- Feelings of hopelessness or guilt? N Y
- Poor concentration or indecisiveness? N Y
- Lack of motivation? N Y

For the boxes that you marked “YES”, do they interfere with your activities of daily living? Considerations: What is the degree of interference on your activities of daily living? The higher the interference, the more difficulty you may experience with the job demands.

Interference with Activities of Daily Living

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0					5					10
No Interference					Some Interference					Full Interference

In Summary:

I feel that my most significant **Emotional** strengths and challenges are:

STRENGTHS	CHALLENGES

DRIVING AND TRANSPORTATION

21. Driving Ability:

Consider the following:

- Are you currently a licensed driver? N Y **If Yes:**
 - Are you required to be able to drive for your work? N Y
 - Do you currently feel capable of driving safely? N Y

My Current Abilities

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0					5					10
Limited Abilities				Some Abilities				Good Abilities		

Expected Job Demands

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0					5					10
Not Important To Doing Your Job				Somewhat Important			Very Important To Doing Your Job			

22. Transportation Supports:

If you are not currently driving, consider:

- Do you have another way to get to and from work? N Y

In Summary:

I feel that my most significant **Transportation** strengths and challenges are:

STRENGTHS	CHALLENGES

ADDITIONAL CONSIDERATIONS

Overall, on a scale of 1-10 how ready do you feel that you are to return to work?

Readiness to Return to Work

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0					5					10
Not ready at all				Somewhat ready			Completely Ready			

Finally, when preparing to return to work it is important to consider the physical environment of the workplace. You should consider these questions and speak to your employer if needed before returning to work:

- 1. Accessibility:** Is the work environment accessible? This may include: washrooms, break areas, entrances, parking lots and direct working spaces.
- 2. Aids/Devices :** Do you need any aids and/or supportive devices to be able to fulfill the expectations of your job? This may include: adapted tools, use of technology, modified equipment. Would your employer be willing to provide support in getting these tools if required?
- 3. Job Adaptation :** Can the hours of work or job duties be modified to support your needs?

RETURN TO WORK SUMMARY PAGE

Overall, after reviewing my answers in this guide, I feel that my most significant strengths and challenges related to returning to work are:

STRENGTHS	CHALLENGES

To achieve an effective return to work, I want to focus my rehabilitation and recovery goals on :

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Additional Notes:

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Remember: An unexpected health event such as a stroke can have a significant impact on your mental health and mood which can also be heightened by the potential loss of the ability to return to work. Your new functional status may change how you care for yourself and interact with others. Connecting with therapy resources (ie. counselling) within your community may be helpful when learning how to cope with this change and reframe your new way of living. For more information on local resources and supports, please contact your primary health care provider and/ or speak with a Social Worker that is involved in your care.

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